Main Street Dental at 1910
Dr. Donald A. Compton, DMD, PC

Financial Policies

We believe in the importance of quality dental care, and we strive to provide the best dental treatment possible. Also, we understand the financial limitations that influence your choice of care. We want to assure you of our flexible approach to financing.

We work with most insurance companies and always try to maximize your coverage through meticulous detailing of procedures and interaction with you insurer. We even complete your claim forms and we're available to answer any questions we can.

Please remember, however, that you are responsible for the portion of your treatment not covered by insurance. Because we, too, must balance our finances, **we do ask that you pay your portion of the bill at the time of treatment.** If you qualify, we'll work with you to devise a method of payment that works for both of us. We also accept all major credit cards.

We ask that you notify us 48 hours in advance to cancel your appointment, when at all possible. Of course, we understand that there are times when missing an appointment in unavoidable. Missed scheduled appointments without notification will result in $50 missed appointment fee.

We hope that you find this information useful. Rest assured that we are here to help make quality dental care obtainable for all. We look forward to working with you to achieve excellent dental health.

Insurance Billing Consent

I authorize payment directly to Main Street Dental at 1910, Dr. Donald A. Compton, DMD, PC of insurance benefits otherwise payable to me. I understand that my dental care insurance carrier or payer of my dental benefits may pay less that the actual bill for services, and that I am financially responsible for payment in full of all accounts. By signing this statement, I revoke all previous agreements to the contrary and agree to be responsible for payment of services no paid, by my dental care payer.

Consent

I consent to the diagnostic procedures and treatment by Main Street Dental at 1910, Dr. Donald A. Compton, DMD, PC necessary for proper dental care.

I consent to Main Street Dental at 1910, Dr. Donald A. Compton, DMD, PC use and disclosure of my records (or my child's records) to carry out treatment, to obtain payment, and for those activities and health care operations that are related to treatment or payment.

I consent to the disclosure of my records (or my child's records) to the following persons who are involved in my care (or my child's care) or payment for that care.

I attest to the accuracy of the information on this page. I have read. I have read and understand the financial policies of Main Street Dental at 1910, Dr. Donald A. Compton, DMD, PC. My consent to disclosure of records shall be effective until I revoke it in writing.

PATIENT'S NAME (please print)

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GUARDIAN'S NAME (please print)

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PATIENT OR GUARDIAN'S SIGNATURE

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DATE

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